

**ADAM Questionnaire**

- repeat 3, 6 and 12 monthly

|  |  |
|--|--|
| 1. Have you experienced a decrease in your sex drive (libido)?       |  |
| 2. Do you lack energy?   |  |
| 3. Have you lost height?   |  |
| 4. Has your strength and/or endurance decreased?                     |  |
| 5. Have you noticed yourself enjoying life less?                     |  |
| 6. Are you frequently sad or irritable?                              |  |
| 7. Are your erections less strong?                                   |  |
| 8. Have you noticed a recent deterioration in your athletic ability? |  |
| 9. Do you find yourself falling asleep after dinner?                 |  |
| 10. Has there been a recent deterioration in your work performance?  |  |